

Key Points on the Department of Social Services' Requested Amendment to the Acquired Brain Injury (ABI I) and Acquired Brain Injury II (ABI II) Medicaid Waivers

- **What is the Department proposing to do?**

The Department is refreshing its request to amend the ABI I and ABI II Medicaid waivers to transition the care management service, currently provided by department social workers, to contracted entities that will be selected based on a competitive procurement.

- **Why is the Department proposing to contract for case management for the ABI waivers?**

In brief:

- 1) the Department does not have sufficient social work staff to maintain quality standards for current brain injury survivors or to support participation by new individuals; and**
- 2) to meet CMS standards of “conflict free” care management, we must ensure that providers of care management services are not also providing other waiver services.**

- **What has the Department done to address concerns raised by the committees of cognizance at the first hearing?**

The Department has listened carefully to concerns expressed by both families and legislators, and has done considerable work to satisfy those concerns.

- 1) The Department has worked with stakeholders to ensure that the entities that are selected to perform care management activities have the skills, experience and credentials necessary to effectively support individuals with ABI.**
 - a.** In collaboration with the Brain Injury Association of Connecticut (BIAC), the Department has elected to modify the Minimum Qualifications of Respondents section of its Request for Proposals to more effectively align with preferences of the ABI community.
 - b.** Further, the Department extended the response date for the RFP and issued notice of the changes on its web site, and through BIAC.
 - c.** The Department has **since 1987** successfully overseen contracts for care management (e.g. under the Connecticut Home Care Program for Elders) that include terms relating to staff credentials, training, staff ratios, care management standards, pathways for complaints and grievances and reporting on critical incidents as well as a broad range of quality indicators. Those contracts, as well as the Medicaid performing provider agreement, have also ensured that providers observe all appropriate standards for accepting orders for, providing, documenting, billing for and maintaining records on services.

- d. The Department plans to build all of these types of standards into the contract(s) with the entities that are selected to provide care management services.

2) The Department has completed a cost-effectiveness evaluation.

- a. All members of the committees of cognizance have been copied on the Department's cost effectiveness evaluation.
- b. The Department submitted this evaluation to OPM on Friday, January 15, 2016.
- c. OPM responded on January 15, 2016, that it had "reviewed the evaluation and finds the assumptions and cost estimates contained in it to be reasonable and appropriate."

3) The Department has provided detail to all members of the committees of cognizance on the care experience survey conducted with participants of the current Danbury care management pilot.

- a. Connecticut Community Care, Inc. (CCCI) is currently serving 38 individuals.
- b. CCCI surveyed 37 of those individuals. The one individual not surveyed was new to the program, having recently transitioned through the Money Follows the Person program.
- c. 4 individuals did not respond to contacts.
- d. 33 individuals responded and completed the survey process.
- e. 82% of respondents identified as either clients or close family members, familiar with the involved client.
- f. Seven of the survey questions focused upon assessment of care managers, staff interaction and workers providing service in the home.
- g. Four of the survey questions received a 100% favorable response. Two questions received a 96.8% favorable response. One question (regarding telephone interactions with CCCI) received a 93.5% favorable response.
- h. Participants and their family members had very positive responses when asked about the care management services, including the ease of communication with the care manager, the advocacy by the care manager, and the knowledge and attentiveness of the care manager. When asked about what CCCI is doing that needs improvement, these responses are typical of what respondents said: "Nothing. I am beyond satisfied with CCCI." "So far, everything is great." "Nothing – you are doing a great job. So far, everything is great." "Nothing we can think of."

- **Additional background on why the Department is seeking authority to contract for care management:**

- The Department has carefully and systematically reviewed the workload and performance of its social workers, who have historically been responsible for the original ABI waiver, as well as numerous other programs including Protective Services for the Elderly (PSE).
- The workload of those social workers has dramatically increased, particularly due to dramatic increases in the number of PSE referrals.

- **Please see the last page of this document, titled “DSS Social Work Division” Protective Services for the Elderly by Calendar Year”. This document outlines the increased trends in PSE cases over the past 5 years, in comparison to the decrease in Social Work staff.**

- Despite best efforts, Department social workers have not been able, due to competing obligations with other work, to maintain the quality standard associated with timely performance of annual reassessments for ABI waiver participants, as required by federal law.
- The current hiring freeze and other budget constraints make it impossible for the Department to fill any new social worker positions.
- Even if the department were to fill social worker positions, it would take over a year for the new staff to be fully trained and able to absorb a full caseload. In the meantime, the Department would be out of compliance with CMS’ quality requirements.
- Contracting for care management services for ABI will not result in any job losses.

- **Additional background on waitlist status for the ABI Waiver II:**

- DSS strictly adheres to waitlist requirements of serving people in the order in which they have applied.
- DSS is also adhering to its commitments in the waiver to serve people who qualify for reserve slots. This includes individuals transitioning from institutional settings under the Money Follows the Person (MFP) program and also individuals served by DMHAS.
- DSS recognizes that there are different opinions about the benefits of reserve slots, but those slots were recommended by DSS, supported by the committees of cognizance in the legislature, and approved by CMS. Those slots enable the state to further its long-term services and supports rebalancing plan.
- It is important to note that:
 - funding for the MFP reserve slots is based on the fact that eligible individuals are already receiving Medicaid long-term services and supports in institutional settings, and will through reserve slots be served at lesser cost in the community;
 - funding for the DMHAS reserve slots is based on the fact that DMHAS is already funding services for these participants and utilizing 100% state funds without federal match; and
 - accordingly, reducing the number of reserve slots would not free up additional slots or funding for individuals who are not eligible for the reserve slots.

- As of **January 28, 2016** there are **34 people on the waitlist for ABI Waiver II**.
- The amended version of the waiver has **180 slots in waiver year 2 (beginning 12/1/15)**. **81 slots are reserved for MFP and 58 are reserved for DMHAS, leaving available 41 slots for individuals other than those served by MFP or DMHAS.**
- **28 of the 41 available slots were filled or at least obligated in waiver year 1 (ending 11/30/15). That leaves 13 slots available for waiver year 2.**
- When the budget was developed for the waiver, the underlying assumption, based on historical data, was that approximately 13 individuals would leave the ABI I waiver each year by attrition.
- Dependent on budget availability and upon approval of the above contracting plan and implementation of the care management contract, **DSS proposes to serve one new individual per month on ABI Waiver II for the remaining months of 2016.**

DSS: Social Work Services Division

The DSS social work staff oversee the below programs and services

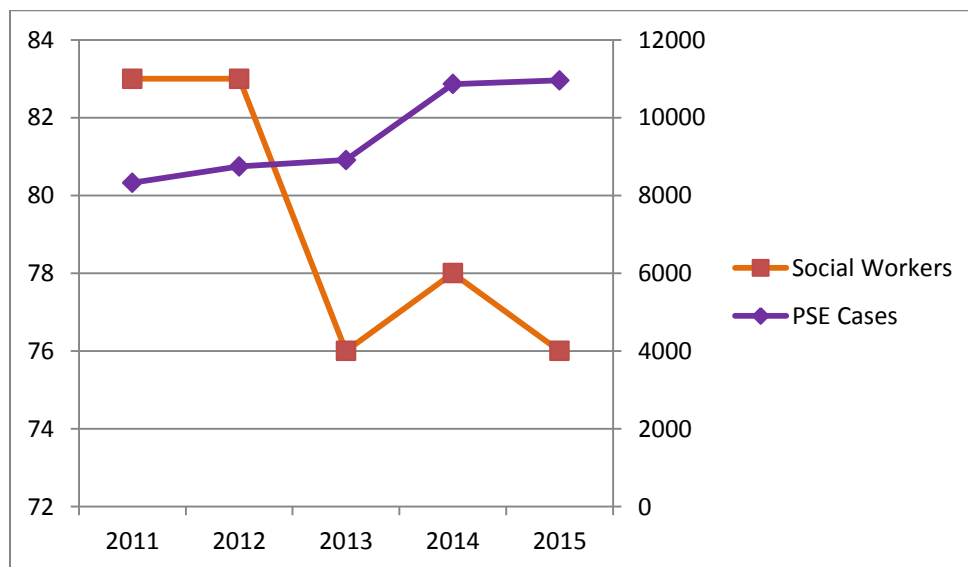
Protective Services for Elderly (PSE)
Long Term Care Investigations (LTC)
Individual Services (IS)
Homeless Services (HS)
Family Support Grant (FSG)
Family Services (FS)
Conservator of Person (COP)
Community Based Services (CBS)
Acquired Brain Injury Medicaid Waiver I

**Social Work Services
Caseload by Calendar Year**

Staff and Caseload	2011	2012	2013	2014	2015
Social Workers	83	83	76	78	76
All Cases Served	8323	8746	8910	10863	10959

*Cases Served includes all programs listed above that were open for at least one day or more within the calendar year listed.

**Social Work Services
Caseload by Calendar Year (Graph)**



As of 3/15/16 the average number active caseload per social worker is 53 cases. This takes into account 63 full time social work positions (this does not include 8 additional social workers assigned to specific programs).

National Adult Protective Services Association (NAPSA) suggests that **Adult Protective Services workers should carry between 15 and 25 cases.**

Over the past 5 years Social Work staff have seen a significant spike in PSE referrals. Per statute CGS 17b-450, the Department is required to investigate each referral, including a visit to the elderly person's home.

**Protective Services for the Elderly
by Calendar Year**

Staff and Caseload	2011	2012	2013	2014	2015
Social Workers	83	83	76	78	76
PSE Cases Served	3529	3604	4024	4764	5725

*PSE Cases Served includes cases open for at least one day or more within the calendar year listed.

**Protective Services for the Elderly
by Calendar Year (Graph)**

